

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570810

FILING DATE

25 NOV 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		0		/		/
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	7	←	7	←	7	←
TOTAL CLAIMS	9		9		9	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						